

Wyletta May Bear. ~~dead~~

Town

County

Died at

Zion

Accident

MARYLAND

Month Day

M. D.

Native of

Occupation

Date 1903 Jan. 6

Age 8

Maryland

~~W~~

White

~~W~~

Divorced

Female

~~C~~

Single

Widower

Not ~~in~~ ~~in~~ living

Husband of

Wife

Father's

Name

John Bear

50

Mother's

Mary B. Bear.

Cause of

Primary

How long sick

Dyspnoea of Foramen Oval

8 months

Death

Immediate

Pneumonia 2 days

sick

Accident, Smith, Funeral

Reported by

Dr. A. G. Miller, M.D.

Address

87 Main Street, M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amelia Biddle

Town

County

Died at Ches. Cty

Cecil

MARYLAND

Date 1903	Month Jan	Day 15	Y. 88	M. 11	D. 18	Native of Md.	Occupation
Mate Female	White	Married				Widow	Divorced
		Beloved	Single			Widower	Number of children living

Husband of

Wife

Father's

Name

Widow of Lorenzo Biddle dec'd

Cause of Death	Primary	How long sick
	Immediate	1st
		Accident, Suicide, Homicide

Infirmities of age, Senile decay,

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. L. V. Wallace  
Chesapeake City  
Md

200-205

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

8

Ruey E. Boyer

CERTIFICATE OF DEATH

MARYLAND

Died at

n. E. 22

County  
City

Date  
of death 190

3

Month

Jan

Day

8

Years

Age

Month

21

Days

Sex

boy

Color or  
Race

white

Birth-  
place

n. E.

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

George Boyer  
Lena Jones  
James Jones

Father's  
Name

Father's  
Birthplace

n. E.

Mother's  
Maiden Name

Mother's  
Birthplace

n. E.

Name of person giving  
Information

How related  
to deceased

son  
husband

CAUSES OF DEATH

Primary

Convulsions

How long

6 hours

Immediate

2

How long

Are the name, age, sex, color, date  
and place correctly given above?

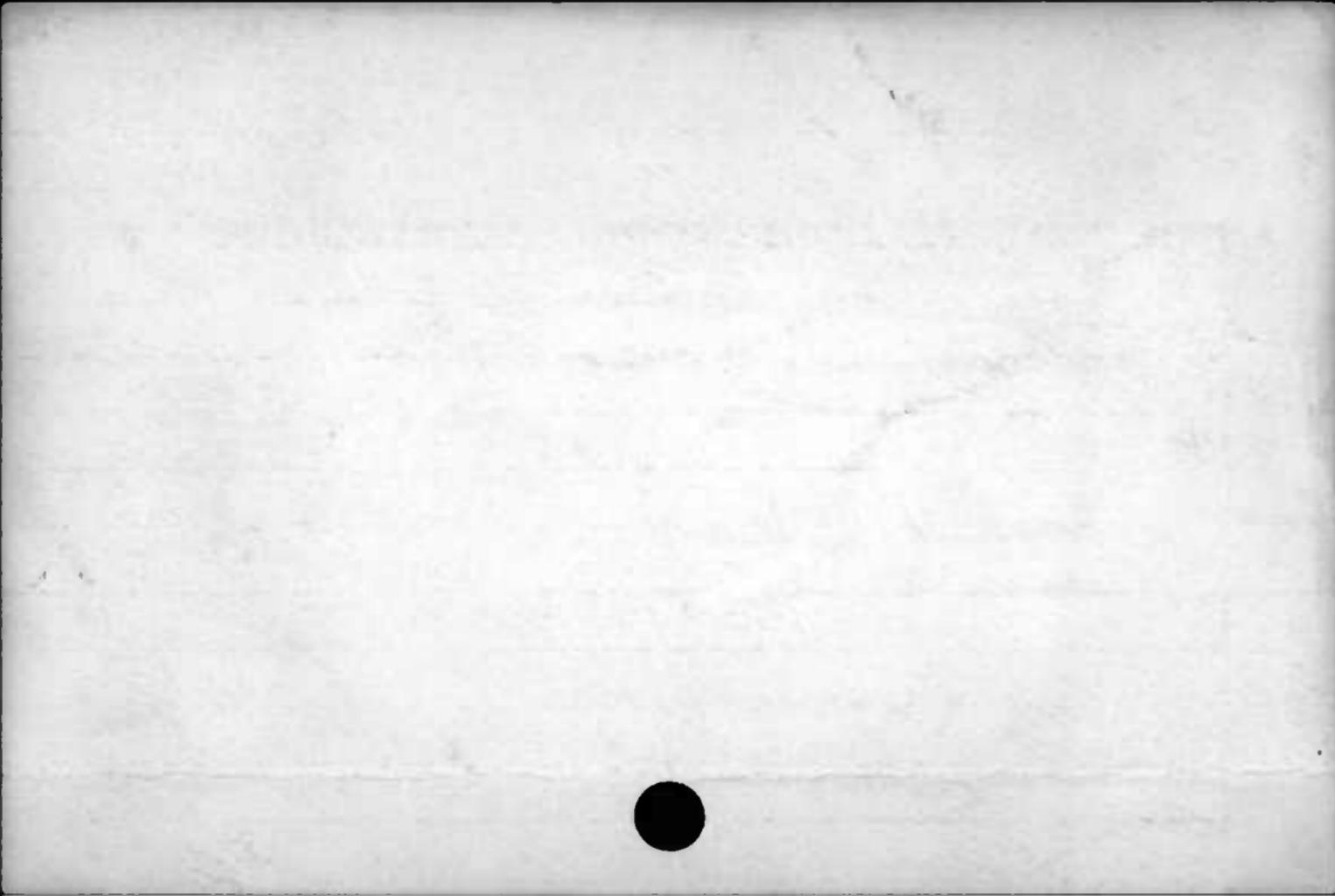
Yes

Signature of  
Physician

Address

B. Ruey E. Boyer  
n. E. 22

Accident or Suicide?



David Bradley

Town

County

MARYLAND

Died at

Burksdale

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Mary Bradley

Wife

Father's

Andrew Bradley

Mother's

Name

Maiden Name

Annie Craig

Cause of

Primary

Paralysis

How long sick

4 weeks

Death

Immediate

Exhaustion

66

Accident, Suicide, Homicide

Reported by

H. E. Wilson

Address

Newark Del.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Eliza Brownfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town, Pittsboro Turners	County	MARYLAND		
Date of death	1903	Month /	Day 22	Years Age 87	Months 6	Days —
Sex	Female	Color or Race	White	Birth- place	Cecil Co	
Married, Single or Widowed	Widow	Occupation			Housekeeping	
Name of Wife or Husband	Abram Brownfield					
Father's Name	—			Father's Birthplace	—	
Mother's Maiden Name	—			Mother's Birthplace	—	
Name of person giving Information	Geo Haines			How related to deceased	—	

• CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old Age

154  
How long

Immediate

How long

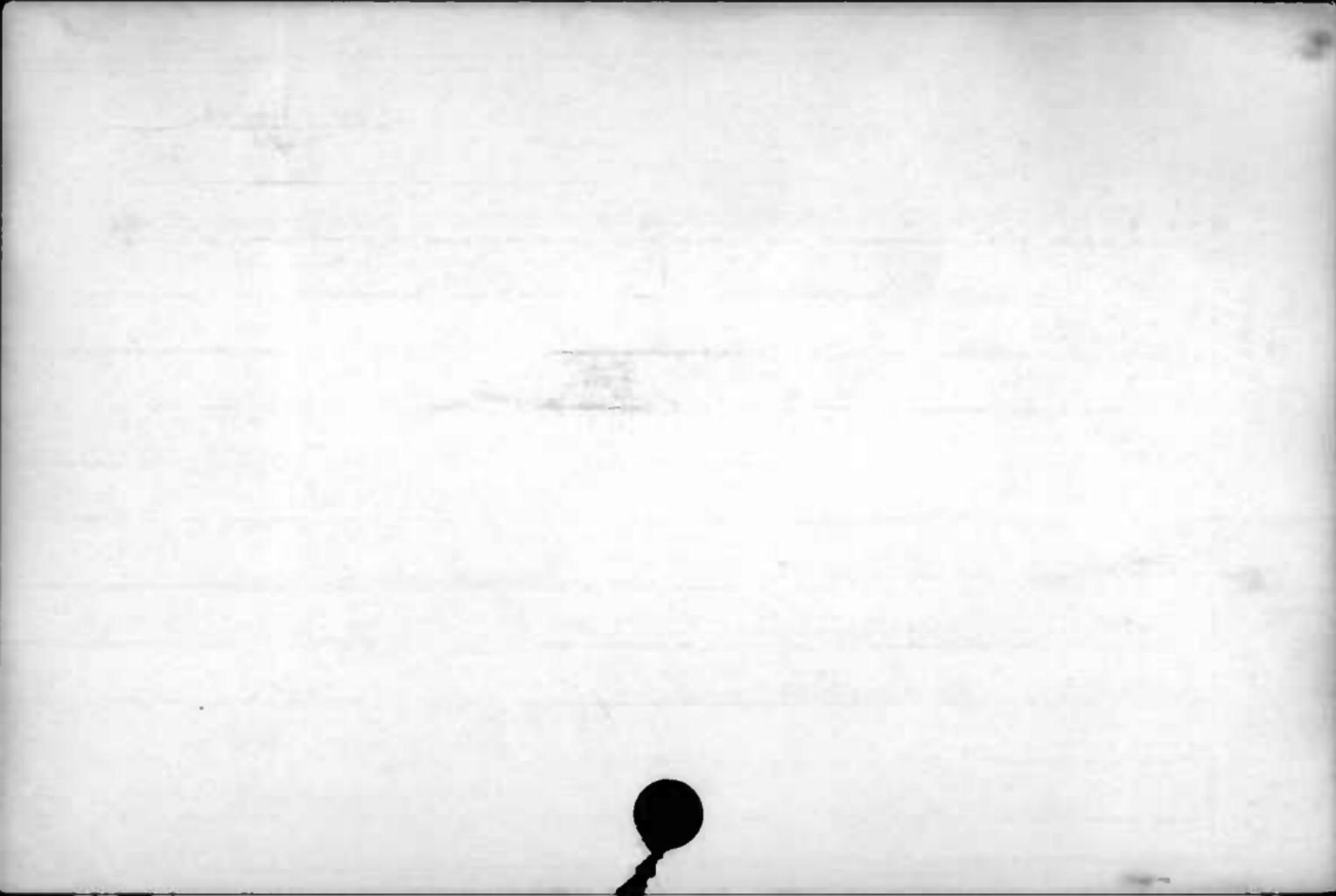
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Geo. W. Haines  
Perryville

Accident or Suicide?



Emily Brown

Town

County

Died at New Carlisle

Oceit

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	6	76.	-	-	md	Housewife
Male		Age	Widow			Divorced
Female		Colored	Single			Widower
						Number of children living

Husband of Joshua Brown  
 Wife Henry Lewis

Mother's

Maiden Name

Cause of	Primary	93	How long sick
Death	Immediate	Pneumonia	one week
Accident, Suicide, Homicide			

Reported by R.M. Bleed

Address Cecilton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Laura Buck

Died at			Town	Harwick	County	Cecil	MARYLAND	
Date 1903			Month	Jan	Day	30	Native of	Md
Date 189			Age	12	M.	4	D.	0
			Marital	Married	Widow	Occupation		
			Female	Colored	Single	Widower	Number of children living	
Husband of								
Wife								
Father's Name			Frank Buck					
Cause of Death			Georganne Rhode					
Primary			How long sick					
Immediate			6 months					
Ex haemorrhage			Accident, Suicide, Homicide					

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



27  
JJ Wright MD  
Harwick Md



May Clark

Town

Cokesbury

County

Cecil

MARYLAND

Died at

Month

Day

Y.

M.

D.

Date 1903

105

- 7

Age

7 mos.

Native of

Md-

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Muskovore

Mother's

Maiden Name

Susan Clark

Cause of Death

Primary

Pneumonoid - 93

How long sick

Immediate

Progressive Cardiac Asthma

Accident, Suicide, Homicide

Reported by

L. George Taylor

Address

Perryville Md.

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Delia Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 190	3	Month	Day	Years	Months	Days
Sex	Female		Color or Race	Colored	Birth-place	
Married, Single or Widowed	Widowed		Occupation			
Name of <del>Husband</del> Husband	John Craig					
Father's Name	Naillor				Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Mrs. Margaret Thomas				How related to deceased	
CAUSES OF DEATH						
Primary	Catarhal Pneumonia		or		How long	
Immediate	Heart failure				10 days.	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long		
yes			Wm D. Cowley			
			Address	Eaton		
				md		

PHYSICIAN  
OR CORONER

J

Accident or Suicide?



Margaret A. Davis						CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND		
North East			Cecil				
Date of death 1903	Month Jan.	Day 8	Age 73	Years	Months	Days	
Sex Female	Color or Race White	Occupation Widowed		Birthplace Hartford			
Married, Single or Widowed Widowed	Name of Wife or Husband Abel J. Davis		Housekeeping				
Father's Name George Malason	Father's Birthplace Hartford						
Mother's Maiden Name Don't know	Mother's Birthplace Hartford						
Name of person giving Information Mabel D. Simpkins	How related to deceased grand-daughter						

## CAUSES OF DEATH

Primary

Congestion lungs

95

How long

few days

Immediate

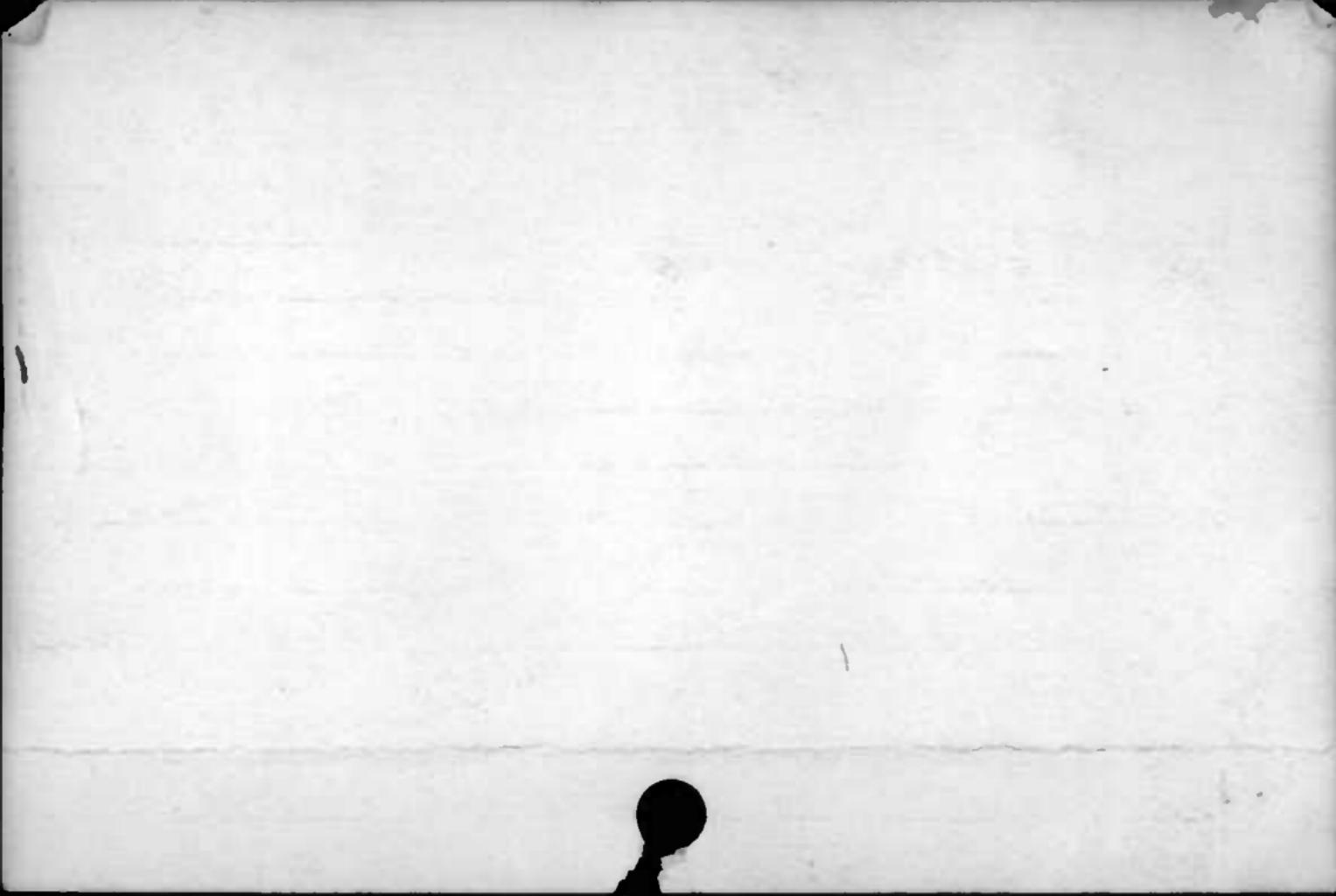
Heart Paralysis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

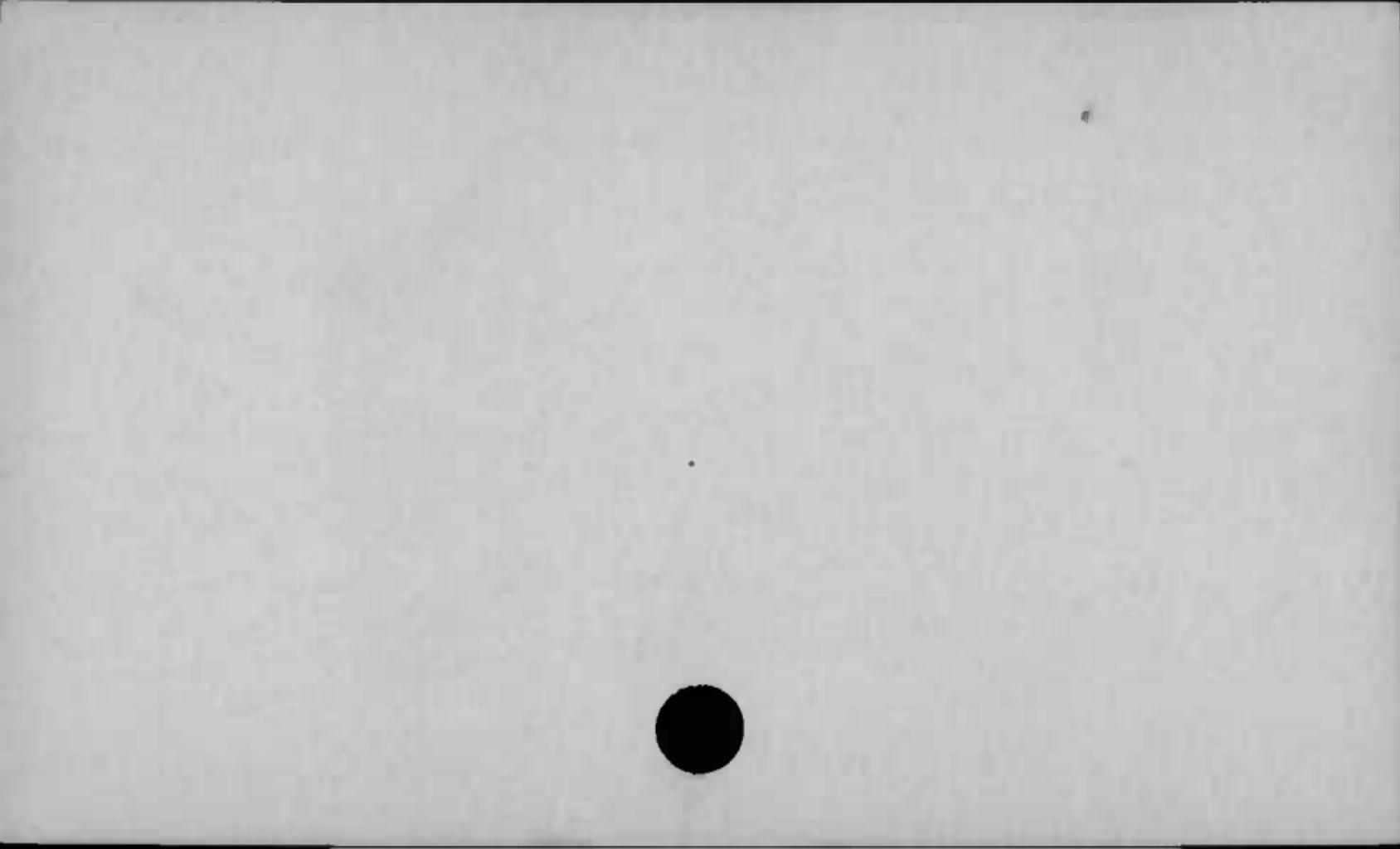
Signature of  
Physician  
Short WorrallAddress  
North East Md.



James Dempsey -

Died at		Town	County				
Pilot.		Lewis				MARYLAND	
Date	1903	Month	Day	Y.	M.	D.	Native of
		1	3	40			Md
Male	White	Age	40				Occupation
Female	Colored	Married		Widow	Divorced		Laborer
		Single		Widower			Number of children living
							4
Husband of		Annie Tumble					
Father's Name		William Dempsey		Mother's Maiden Name		Kelley	
Cause of Death		Primary: Exposure		How long sick		10 days	
		Immediate: Acute Appendicitis				Accident, Suicide, Homicide	
Reported by		Ragan & Roseau					
Address		Corporation. Maryland					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Joseph B Frysor '6th Dec  
Town  
Died at Colora County  
Date Jan 11<sup>th</sup> Month Jan Day 6th  
of death 1903 Age Twenty-one Years  
Sex Male Color or Race white  
Birth-place Port Chester

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Married, Single  
or Widowed

Married

Occupation

Garmen

Name of Wife or  
Husband

Sabrella Frysor

Father's  
Name

David Frysor

Father's  
Birthplace

Penna

Mother's  
Maiden Name

Sarah Frysor

Mother's  
Birthplace

Maryland

Name of person giving  
Information

W T Frysor

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Ulcer in stomach & dilation 79

How long

Three months

Immediate

Official office working

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

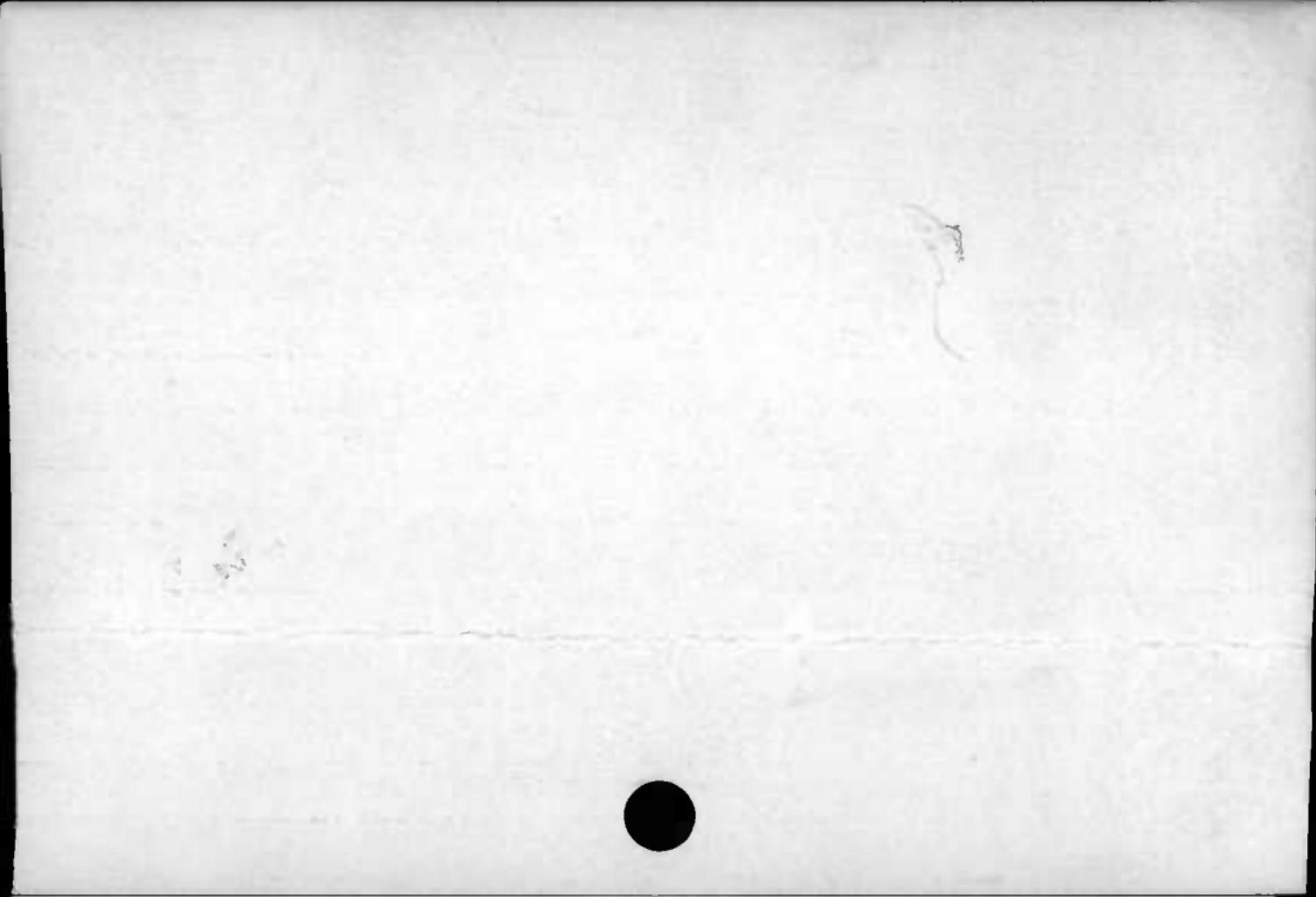
John Day Frysor

Boring Street 520.

PHYSICIAN  
OR CORONER

8

Accident or Suicide?



Name  
in  
Full

William Gray

CERTIFICATE OF DEATH

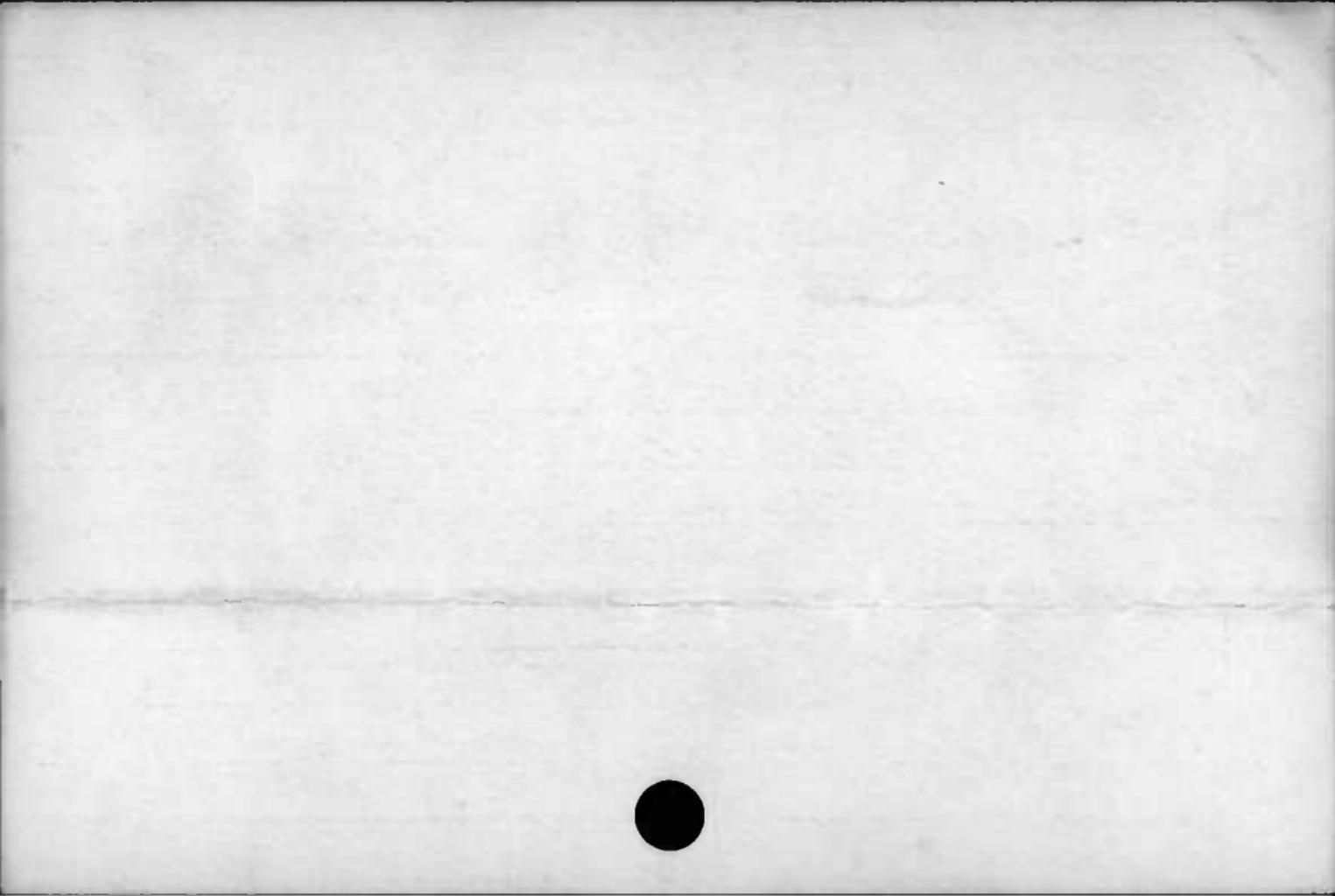
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	State		
Died at		Peter Town	Baltimore	Maryland		
Date of death 1903	Month	Day	Years	Months	Days	
1	8	1	82	0	0	
Sex	Male	Color or Race	White	Birth- place	Maryland	
<input checked="" type="checkbox"/> Widowed		Occupation				
Name of Wife or Husband		Laborer				
Name of Wife or Husband		Susan Cunningham				
Father's Name		James Gray				
Mother's Maiden Name		Sarah Elizabeth Cavender				
Name of person giving Information		Mrs Nancy Smith				
CAUSES OF DEATH						
Primary	old age - senility				How long	
Immediate	Abscessed cysts -				2 yrs	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	How long	
Yes				S T Roman	80 days	
				Address		

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died <input checked="" type="checkbox"/> near <u>Elkton</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death 1903	Month <u>Jan</u>	Day <u>12</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>			Birthplace <u>Baltimore</u>		
Married, Single or Widowed <u>Single</u>			Occupation			
Name of Wife or Husband						
Father's Name <u>Samuel Hammond</u>			Father's Birthplace			
Mother's Maiden Name <u>Conidens</u>			Mother's Birthplace			
Name of person giving information						

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician

H. Arthur Mitchell M.D.

Address

Elkton Md

Accident or Suicide? —



Name  
in  
Full

Anne Elizabeth Hitchens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town		County				
Date of death 190	3	Month 1	Day 27	Age —	2	Months	Days
Sex	female	Color or Race	white	Birthplace	Elkton		
Married, Single or Widowed	—		Occupation				
Name of Wife or Husband	—						
Father's Name	Erman Hitchens		Father's Birthplace				
Mother's Maiden Name	Kale Dick		Mother's Birthplace				
Name of person giving Information	—		How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough	8	How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?		2	Signature of Physician



H. Arthur Mitchell, M.D.

Address

Elkton, Md.

Accident or Suicide?

1921

Edward Edward Jews.

Town Mongomery County Cecil MARYLAND

Died at Mongomery

Date, <u>1893</u>	Month <u>1</u>	Day <u>24</u>	Y. <u>5</u>	M. <u>8</u>	D. <u></u>	Native of <u>U.S.</u>	Occupation <u>Body</u>
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>			
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>	<u>Number of children living.</u>			

Husband of  
Wife

Father's  
Name

Edward Jews

Mother's  
Name

Mary Peters

Cause of

Primary

Pneumonia Catarrh.

How long sick

Death

Immediate

Paroxysis Trast.

2 weeks

Reported by

S. M. Ragan M.D.

Address

Conowingo, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

A. M. Pagan  
of Conowingo Md.

Seen by Coroner

of

Information contained in this certificate was  
derived from

Mother & etc.

of Monzouri Md.

Benjamin Johnson 6th Dist.

Town Sykesville County Caroline MARYLAND

Died at Sykesville Month January Day 29 Y. 73 M. - D. - Native of Md Occupation Former

Date 1903 Age 73 — Widower Divorced

Male White Married

Female Colored Single Widower Number of children living 3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of	Primary	<u>La Grippe</u>	10	How long sick
Death	Immediate	<u>Pneumonia - cerebral</u>	<u>5 days</u>	<u>Accident, Suicide, Homicide</u>

Reported by

John St. James M.D.  
Petersburg Md.

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Phineas Johnson</i>				CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death 190	3	Month	8	Day	Years	Months
Sex	Female	Color or Race	Caucasian	Age	unknown	Days
Married, Single or Widowed	Occupation		<i>Morrison</i>			
Name of Wife or Husband			<i>Johnson</i>			
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	<i>Strubon</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

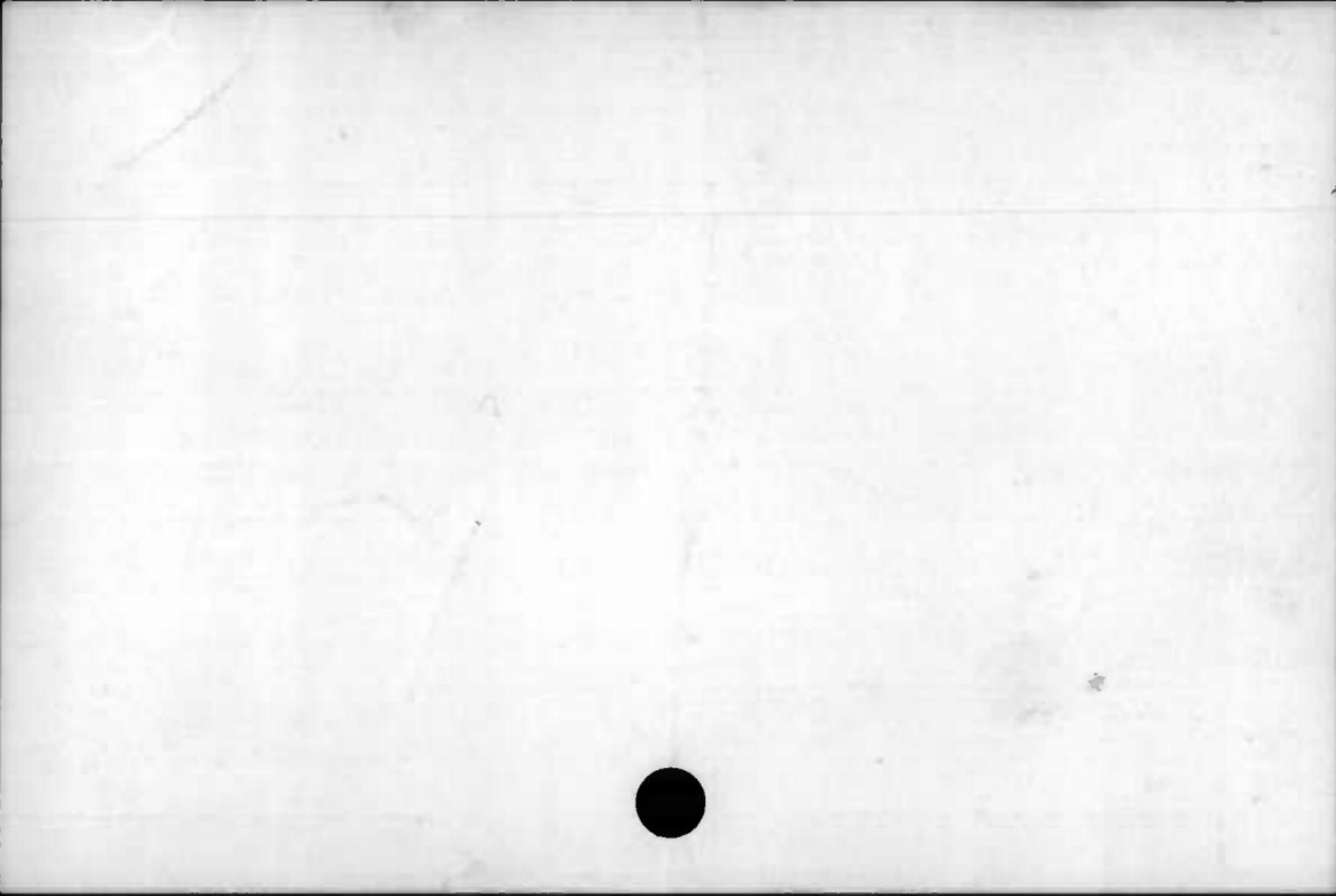
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*J*  
I am a witness

*70*  
*B. Strubon*  
*n. E. 22*



Samuel Johnson.

Died at

Cecilton

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 03

Yes Male

Female

White

Colored

Age 32

Married

Single

6.

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Samuel Johnson

Mother's

Maiden Name

104

Cause of

Primary

How long sick  
week

Death

Immediate

Stomach trouble

Accident, Suicide, Homicide

Reported by

Rev Wm A Harris

Address

Cecilton

Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Eliza Jones*

Died at <i>Port Republic</i>		Town	County	<i>Charles</i>	MARYLAND
Date <i>1913</i>	Month <i>Jan</i>	Day <i>6</i>	Y. <i>2</i>	M. <i>Widow</i>	Native of <i>Port Republic</i>
Male	Female	White	Age <i>2</i>	Married	Occupation <i>Housewife</i>
		Colored	Single	Widower	Divorced
			Number of children living <i>0</i>		

Husband \_\_\_\_\_  
of \_\_\_\_\_

Wife \_\_\_\_\_

Father's

Name *Franklin*

Mother's

Name *Anna Jones*

Cause of

Primary

How long sick

Death

Immediate

*151*

Accident, Suicide, Homicide

Reported by *Dr. R. C. Clegg*Address *Port Republic*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward Lloyd

Town

County

MARYLAND

Died at Chesapeake Bay

Date 1903

Month 1 Day 16

Y. 8 M. D.

Native of

Occupation

Male

White

Age 8  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Joseph Lloyd

Mother's

Maiden Name

Susie Lloyd

Cause of

Primary

How long sick

Death

Immediate

Stomach trouble 104

6 months

Accident, Suicide, Homicide

Reported by

Mr B Coleman

Address

Chesapeake

City and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

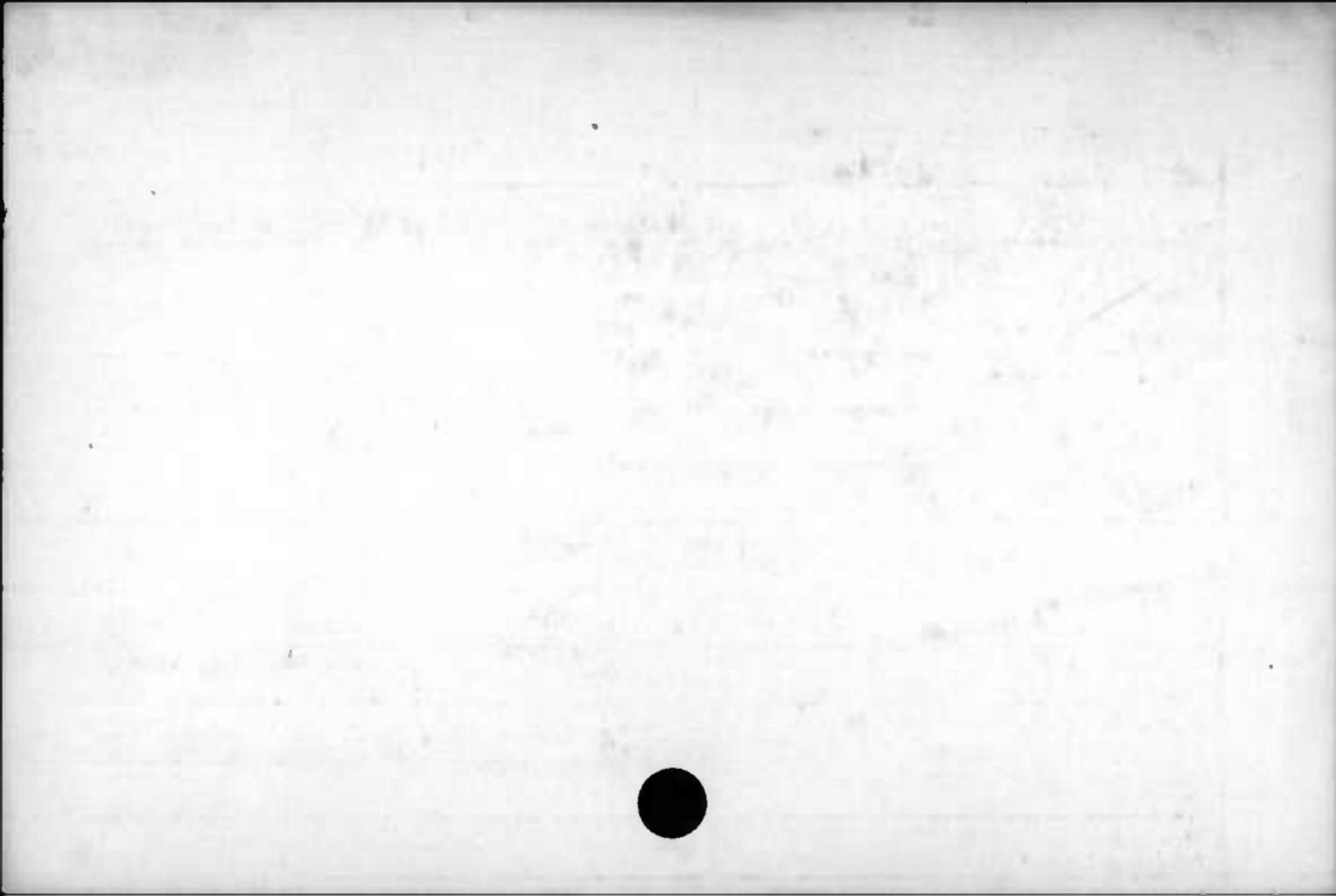
Died at		Town		County		MARYLAND				
Date of death 190	3	Month	Jan	Day	5	Years	—	Months	—	Days
Sex	Female	Color or Race	White	Occupation			Birth-place	Elkton		
Married, Single or Widowed	Single									
Name of Wife or Husband										
Father's Name		James Moore			Father's Birthplace			Md.		
Mother's Maiden Name		Annie Downs			Mother's Birthplace			"		
Name of person giving Information					How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<del>Prem</del> Still Born ♂		How long
Immediate	—		How long
Are the name, age, sex, color, date and place correctly given above?	—		Signature of Physician
			Address
Accident or Suicide?	—		

H. Arthur Mitchell MD.  
Elkton Md.



Name  
in  
Full

Annie E. Owens

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Occupation		Birth- place		
Married, Single or Widowed	White	Widow		Cecil Co		
Name of Wife or Husband	Wm F. Owens		Housekeeping			
Father's Name	Teremiah Baker		Father's Birthplace			
Mother's Maiden Name	Anolly Baker		Mother's Birthplace			
Name of person giving Information	A. T. Owens		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

La Grippe - 10

How long

Few days.

Immediate

Cardiac complication

How long

Heart affection  
over 2 years.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

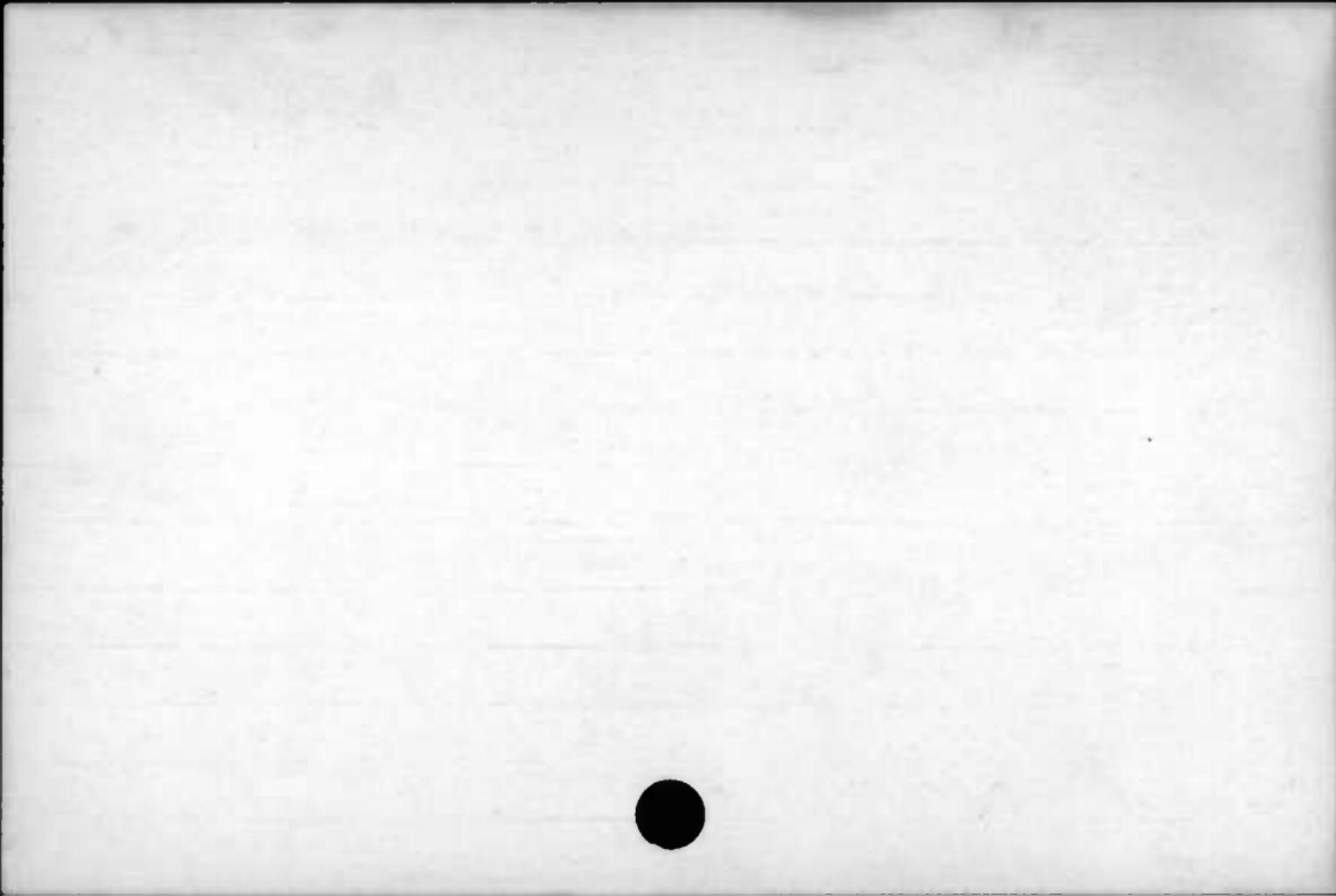
Signature of  
Physician

Address

L. G. Taylor

Perryville, Md.

Accident or Suicide?



Thomas Patchell -

Town

Perryville -

County

Cecil -

MARYLAND

Died at

Date of

903

Month

Day

Y. M. D.

Native of

Occupation

Male

White

Age

75 -

Married

Widow

Divorced

Female

Orphan

Single

Widower

Number of children living

3

Husband

of

Ann Patchell

Father's

Name

Mother's

Patchell -

Cause of Death

Primary

Immediate

Apoplexy -

How long sick

6 weeks -

Progressive Cardiac Asthenia

Suicide, Homicide

Reported by

L. George Taylor, M.D. -

Perryville, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Kindness

Name  
in  
Full

Robt Pennock

4th dish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 1903	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Birth-place	Md	
Married, Single or Widowed	Married		Occupation	Stone Mason	
Name of Wife or Husband	Mary R Todd				
Father's Name	Jas Pennock		Father's Birthplace	Md	
Mother's Maiden Name	Phoeby A. Ferguson		Mother's Birthplace	Md	
Name of person giving information	Sam'l Pennock		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *cirrhosis of Liver* 112 How long *6 months*  
Immediate " " How long .

Are the name, age, sex, color, date and place correctly given above?

*Yeo*

Signature of Physician

Address

*David Mackey  
Lewisville Pa.*

Accident or Suicide?

89

Name  
in  
Full

Chas St Simpers 3<sup>rd</sup> Fish

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Elkhorn		County Cecil		MARYLAND	
Date of death 1903	Month January	Day 23	Age 74	Months —	Days —
Sex Male	Color or Race white	Birth- place Md			
Married, Single or Widowed Married	Occupation Farmer				
Name of Wife or Husband Hannah Simpers					
Father's Name Henry G. Simpers	Father's Birthplace Md				
Mother's Maiden Name Ann Simpers	Mother's Birthplace Md				
Name of person giving Information Hannah Simpers	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Arterial Sclerosis	How long 10
Immediate Grippe	How long 1wk.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. Arthur Mitchell MD
	Address Elkhorn Md.
Accident or Suicide?	

119

Died at <u>Port Deposit</u>			County <u>Caroline</u>	State <u>MARYLAND</u>		
Date <u>1903</u>	Month <u>1</u>	Day <u>10</u>	Y. <u>1</u>	M. <u>1</u>	D. <u>1</u>	Native of _____
<u>Male</u>		White	<u>Married</u>		Widow	Divorced _____
<u>Female</u>		Colored	<u>Single</u>		Widower	Number of children living _____
Husband of _____						
Wife _____						
Father's Name <u>Henry Smith</u>			Mother's Name <u>Lucie Mueller</u>			
Cause of Death <u>Primary</u> <u>Sti. Bo.</u>			How long sick <u>OVER</u>			
Death <u>Immediate</u>			Accident, Suicide, Homicide			
Reported by <u>S. G. Lester, M.D.</u>						
Address <u>Port Deposit, Md.</u>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

of \_\_\_\_\_

Name  
in  
Full

Ward

4th visit

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Jan	Day 15	Age	Years	Months	Days	
Sex Male	Color or Race	white	Birth-Place		Md		
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	Geo ward				Father's Birthplace	Pa	
Mother's Maiden Name	Alice Seabold				Mother's Birthplace	Md	
Name of person giving information	Geo ward		150		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malformation of heart		How long
Immediate			2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	
		Address	J. S. Whitaker Cherry Hill
Accident or Suicide?			

79

Name  
in  
Full

Edward Bell Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Jan	Day 3	Years	Months	Days	4	
Sex Male	Color or Race	Age		Birth- place			
Married, Single or Widowed			Occupation				
Name of Wife or Husband			150				
Father's Name	Frank E. Williams			Father's Birthplace			
Mother's Maiden Name	Mary E. Wallace			Mother's Birthplace			
Name of person giving Information	Frank E. Williams			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Imperforate Rectum & Anus

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Geo

Signature of  
Physician

Address

Howard Braller  
H. Arthur Mitchell  
Elkton Md

Accident or Suicide?



Name in Full

Certificate of Death

Edward Scott Williams

5 dist

Died at Bayview House MARYLAND

Town County

Month Day Y. M. D. Name of

Date 1903 Jan 10 Age 3 mo Ma Occupation

Male White Divorced

Female Colored Single Number of children living

Husband of -

Wife

Father's Name

Mother's

Maiden Name

Cauly Williams Hannah Thompson

How long sick  
2 hours

Cause of

Primary

Cramp

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. GiffiragaRevised

Address

8 York Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



# Catharine A Woodall

Died at	Town	Near Elkhorn			County	Beebe		MARYLAND
Date 1903	Month	Day	Y.	M.	D.	Native of	Occupation	
	1	22	Age	68		Ireland		
	Male	White	Married	Widow	Divorced			
	Female	Colored	Single	Widower		Number of children living	7	
Husband of								
Wife								
Father's Name	Philip McGrath			Mother's Maiden Name	Kora Costello			
Cause of Death	Primary	Heart disease			How long sick	5 day		
	Immediate	19				Accident, Suicide, Homicide		

Reported by

H. Arthur Mitchell MD

Elkhorn Md.

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daisy Wooleyham  
near Town  
Died at Earleville County

MARYLAND

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	1.	18.	Age			County	None
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's Name

Joseph Wooleyham

Mother's

Maiden Name

Davis

Cause of Death

Primary

Consumption Lungs

How long sick

Three Years

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. N. Crawford M.D.

Beallton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mr. C. H. Crawford

mother was a daughter  
of James A. Harris

Name  
in  
Full

Wena Ann Tarring

7 Dist  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Woodlawn</u>		Town	County <u>Cecil Co.</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Jan.</u>	Day <u>26</u>	Years <u>ninety</u>	Age <u>ninety three years</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Wife</u>		Birth-place <u>Lancaster, Pa.</u>		
Married, Single or Widowed <u>Widow</u>						
Name of Wife or Husband <u>Edward L. Tarring</u>						
Father's Name <u>Robert Straubridge</u>					Father's Birthplace <u>Unknown</u>	
Mother's Maiden Name <u>Mary E White</u>					Mother's Birthplace <u>Unknown</u>	
Name of person giving information <u>John Archibald</u>					How related to deceased <u>Niece</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Old age</u>	How long
Immediate	<u>Insanity</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

